

**Kentucky Department of Insurance
External Review Information Face Sheet**

This form is for use by the insurer or private review agent assigning the external review. The completed form shall accompany the information identified on page 2 submitted to the Independent Review Entity (IRE).

Insurer/private review agent

Company Name: _____

Contact name: _____

Address: _____

Phone #: _____

Fax #: _____

Covered Person, Authorized Person, or Provider requesting External Review

Name: _____

Address: _____

Phone #: _____

Primary Treating Provider(s) that IRE may contact for additional information

Name and Specialty/subspecialty: _____

Address: _____

Phone #: _____

Type of External Review (check one):

- ☐ Adverse determination
- ☐ Coverage denial that requires resolution of a medical issue

Category of External Review (check one):

- ☐ Inpatient/Residential Services
- ☐ Outpatient Services
- ☐ Durable Medical Equipment
- ☐ Prescription Drugs
- ☐ Other (explain) _____

The following is a list of information to be submitted by the insurer to the IRE. Please check the box to the left of each item, as applicable, to indicate submission to the IRE.

- ☐ A copy of the covered person's medical records.
- ☐ A copy of the standards, criteria and clinical rationale used by the insurer to deny the treatment, procedure, drug or device.
- ☐ A complete copy of the covered person's health benefit plan, health insurance policy or certificate of coverage.
- ☐ Other information used by the insurer in making its decision, if applicable.
- ☐ A copy of the insurer's initial notice of adverse determination or notice of coverage denial.
- ☐ A copy of the request for internal appeal and any accompanying documentation.
- ☐ A copy of the insurer's internal appeal determination letter upholding the original denial.
- ☐ A copy of the covered person's written consent to release medical records.
- ☐ For coverage denials that require resolution of a medical issue, a copy of the letter issued by the Kentucky Department of Insurance that directed the insurer to cover the service or afford the covered person the opportunity for external review.
- ☐ A copy of the request for external review and any accompanying documentation.